

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582720

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2		1				
3		3				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
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24		3				
25		3				
26			1	1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
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45				1		
46				1		
47						
48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY